

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-SEP-2015		TIME 21:04:00		2. ADDRESS OF OCCURRENCE 906 N CENTRAL PARK AVE CHICAGO, IL 60651		3. LOCATION CODE 290		4. BEAT/COURT 1112	
5. POSITION 9161		6. LAST NAME CHOATE		7. FIRST NAME HEATH A		8. STAR NO. 10941		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
10. RACE CODE WHI		11. AGE 58		12. HT. 240		13. WT. 240			
14. DATE OF APPT 02-JUL-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1123		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. LAST NAME ANDERSON		21. FIRST NAME JAMES		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 510		27. WT. 150			
28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. KNIFE/OTHER CUTTING INSTRUMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized		36. CHARGES PLACED 00000000		37. CH. NO. IR NO.	

38. REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS		MEMBER'S RESPONSE	
<input type="checkbox"/> PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> ASSAULT BATTERY <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		<input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAIVER/Authorization <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 45) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNIT-ON (Describe in Box 45) <input type="checkbox"/> OTHER _____	

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION [REDACTED]	
POSITION [REDACTED]		STAR NO. [REDACTED]	
UNIT [REDACTED]			
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Good Artificial		44. WEATHER CONDITIONS CLEAR	
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]	
47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]	
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	
51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]	
53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	
55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]		70. EVENT NO. 1526816271	

71. CASE INFO.		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC	
NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	

73. REPORTING MEMBER (Print Name) SLECHTER, SCOTT M		STAR/EMPLOYEE NO. 1462		SIGNATURE [REDACTED]	
26-SEP-2015 02:34:47		[REDACTED]		[REDACTED]	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) FLETCHER, CHRISTOPH D		STAR NO. 119		SIGNATURE [REDACTED]	
DATE REVIEWED 26-SEP-2015 02:55:07		TIME 26-SEP-2015 02:55:07		[REDACTED]	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer CHOATE acted in compliance with Department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1077328 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

DATE COMPLETED

TIME

26-SEP-2015 02:56:04

79. TOTAL YRRs THIS EVENT No.

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